

PR001  
07-Aug-13

# Preliminary Report of Accident

U.S. Department of Labor  
Mine Safety and Health Administration



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 08/05/2013 02:07 PM		4. Date/Time of Death 08/05/2013 02:26 PM		5. Fatal Case No 10						
6. Mine Information :														
a) Mining Company Name MJL Crushing LLC			b) Mine Name MJL Crushing LLC			c) Parent of Mining Company Michael J. Lyndaker								
7. Mine Location :		a) City Lowville		b) County Lewis		c) State NY		8. Mine ID Number: 30-03570		9. Union: NO				
10. Primary Mineral Mined: CRUSHED & BROKEN LIMESTONE M			11. Number of Mine Employees:		a) Total 2		b) Underground 0		c) Open Pit/Quarry 1		d) Mill/Prep Plant 1		e) Other 0	
12. Contractor Name:						13. Union		14. Contractor ID Number:						
15. Contractor Address:		a) City		b) County		c) State		d) Zip Code						
16. Number of Contractor Employees:		a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other				
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:								
a) Mine Employees: 2		b) Contractor Employees: 0		a) Mine Employees: 0		b) Contractor Employees: 0								
19) Location of Accident										20. Mining Height:				
<input type="checkbox"/> 01-Underground		<input checked="" type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 30-Mill/Prep Plant		<input type="checkbox"/> Other (specify)		Feet		Inches		
<input type="checkbox"/> 02-Surface at Underground		<input type="checkbox"/> 06-Dredge Mining		<input type="checkbox"/> 08-Retreat Mining		<input type="checkbox"/> 99-Office Facility								
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1												
23. Victim Information :		a) Name Willard Moser		b) Age 55										
c) Regular Job Title: Plant Manager		d) Activity at Time of Accident: Plant Operator		<input checked="" type="checkbox"/> Mine Employee										
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days						
a) Total: 5		b) at the mine: 5		c) at activity (23d) 5		d) with Contractor								
25. Autopsy Performed: If Yes, Location YES Lewis County, NY						26. Mine Telephone No.: (315) 376-4022								
27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations): The miner was adjusting the cone crusher due to a buildup of material. When the victim looked into the crusher, a tooth from an excavator bucket, dislodged from the crusher and struck him.														
The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.														
28. Equipment Manufacturer: Pegasus Cone Crusher						29. Model: 603B14328								
30. District: M2000 Northeastern				32. Field Office: Geneva NY				33. Event Number: 6623096						
34. Accident Investigator: Matthew H. Mattison				35. MSHA Person Notified: Kevin H. Abel				Date 08/05/2013		Time 02:56 P				
36. Type of Report: Initial				37. Name of Preparer and Date Prepared: Mike Hancher MH				Date 08/06/2013						
38. Reason For Amendment:														